



Commonwealth
of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

File with:
City or Town Clerk or Election Commission

Please print or type all information, except signatures.

Fill in dates:

Reporting Period Beginning Month Jan Day 1 Year 2005 Ending Month Oct Day 13 Year 2005

Type of report: (Check one)

☐ 8th day preceding preliminary ☐ 8th day preceding election ☐ 30 day after election ☐ year-end report ☐ dissolution

Marc McGovern

Full Name of Candidate (if applicable)

CAMB School Committee

Office Sought and District

15 REMINGTON ST.

Residential Address

CAMB, MA 02138

Tel. No. (optional)

Committee To Elect Marc McGovern

Committee Name

Matthew McGovern

Name of Committee Treasurer

17 PLEASANT ST.

Committee Mailing Address

CAMB, MA 02138

Tel. No. (optional)

SUMMARY BALANCE INFORMATION:

Line 1: Ending balance from previous report	\$ <u>255⁹⁹</u>
Line 2: Total receipts this period (page 2, line 11)	\$ <u>9950⁰⁰</u>
Line 3: Subtotal (line 1 plus line 2)	\$ <u>10,205⁹⁹</u>
Line 4: Total expenditures this period (page 3, line 14)	\$ <u>6378⁰⁰</u>
Line 5: Ending balance (line 3 minus line 4)	\$ <u>3827⁹⁹</u>
Line 6: Total in-kind contributions this period (page 4)	\$ <u>0</u>
Line 7: Total (all) outstanding liabilities (page 4)	\$ <u>5835⁰⁰</u>
Line 8: Name of bank(s) used	<u>CITIZENS BANK</u>

Affidavit of Committee Treasurer:

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury:

Matthew McGovern

Treasurer's signature (in ink)

10/23/05

Date

FOR CANDIDATE FILINGS ONLY: (CANDIDATE MUST SIGN BELOW)

Affidavit of Candidate: (check 1 box only)

☐ Candidate with Committee and no activity independent of the committee

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period.

☐ Candidate without Committee OR Candidate with independent activity filing separate report

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury:

Marc McGovern

Candidate signature (in ink)

10/23/05

Date

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

This page may be copied if additional pages are required to report all receipts. Please include your committee name and a page number on each page.

Date Received	Name and Residential Address (alphabetical listing required)	Amount		Occupation & Employer (for contributions of \$200 or more)
9/27/05	JOANNE ACKMAN 314 PEARL ST. CAMB, MA. 02139	100	00	
9/21/05	BEN AFFLECK MURPHY & KRESS 2401 MAIN ST. SANTA MONICA, CA. 90405	500	00	SELF-EMPLOYED ACTOR
9/8/05	ALICE BERTOLINI 5 JOSEPHINE AVE BURLINGTON, MA. 01803	100	00	
5/23/05	LESLIE BRUNETTA 29 ROBERTS RD. CAMB, MA. 02138	250	00	WRITER SELF-EMPLOYED
10/1/05	"	165	00	"
9/28/05	GAIL BURAKOFF 14 BOWDOIN ST. CAMB, MA. 02138	250	00	RETIRED
6/13/05	NANCY CARLSON-PAIGE 59 CHERYL ST. SOMERVILLE, MA. 02144	100	00	
6/21/05	MATT DAMON MURPHY AND KRESS 2401 MAIN ST. SANTA MONICA, CA. 90405	500	00	SELF EMPLOYED ACTOR
9/9/05	ELIZABETH DELIMA 28 FAIRFIELD ST. CAMB, MA. 02140	300	00	
8/1/05	KAY HURLEY 55 STERNS ST. CAMB, MA. 02138	100	00	
9/28/05	ROBERT KESSLER 384 HAZARD ST. CAMB, MA. 02138	200	00	PROFESSOR SALEM STATE COLLEGE
9/29/05	THERESA KITAEFF 69 HOLWORTHY ST. CAMB, MA. 02138	200	00	
6/22/05	POLLY LABRIE 54 ELLERY ST. CAMB, MA. 02138	100	00	
9/27/05	GAIL LENTINI 15 PLEASANT ST. APT. 1 CAMB, MA. 02139	100	00	
9/23/05	KATHRYN LEWIS 99 FRESH POND PKWY CAMB, MA. 02138	200	00	SELF EMPLOYED WRITER
Line 9: Total receipts in excess of \$50 (or listed above)		9290	00	Enter on page 1, line 2
Line 10: Total receipts \$50 and under* (not listed above)		660	00	
Line 11: TOTAL RECEIPTS IN THE PERIOD		9950	00	

* If you have itemized receipts of \$50 and under include them in line 9. Line 10 should include only those receipts not itemized above.

SEE ATTACHED

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

This page may be copied if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.

Date Paid \$	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount	
8/24/05	CAMBRIDGE LITTLE BASEBALL LEAGUE		SPONSORSHIP	500	00
9/21/05	CHARLES RIVER BOAT CO.	100 CAMBRIDGE SIDE R. # 320 CAMB, MA 02141	FUNDRAISER DEPOSIT	475	00
10/1/05	"	"	FUNDRAISER BALANCE	1645	00
9/21/05	GRENIER PRINT SHOP	3709 WASHINGTON ST. JAMAICA PLAIN, MA 02130	YARD SIGNS	514	50
7/8/05	STEVEN McHULIFFE		SPONSORSHIP OF SOFTBALL TEAM	400	00
8/1/05	MAZC McGovern	15 REMINGTON ST CAMB, MA 02138	LOAN REPAY CANDIDATE	500	00
9/7/05	"	"	"	200	00
10/5/05	"	"	"	300	00
7/26/05	RUN AND WIN. COM	P.O. Box 177 STUDLEY, VA. 23162	BUMPER STICKERS	210	50
10/5/05	SAGE SYSTEMS	P.O. Box 2201 PEABODY, MA 01960	DATABASE 12 MONTHS	1500	00
Line 12: Expenditures over \$50				6244	00
Line 13: Expenditures \$50 and under*				134	00
Line 14: TOTAL EXPENDITURES				6378	00

Enter on page 1, line 4

*If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

This page may be copied if additional pages are required to report all receipts. Please include your committee name and a page number on each page.

Date Received	Name and Residential Address (alphabetical listing required)	Amount		Occupation & Employer (for contributions of \$200 or more)
7/11/05	DEWIS K. McGUIRE 111 PLEASANT ST. CAMB, MA. 02139	200	00	SOCIAL WORKER CAMBRIDGE FAMILY AND CHILDREN'S SERVICES
9/2/05	JOHN MAHER 8 DUNSTABLE RD CAMB, MA. 02138	100	00	
10/2/05	HILLARY MEAD 350 WOXONTOWN RD. MIDDLETOWN, DE. 19709	200	00	
7/7/05	PAULA MCCARTHY 343 BROADWAY CAMB, MA. 02139	100	00	
9/26/05	JAMES MCGOVERN 15 PLEASANT ST APT 2 CAMB, MA. 02139	200	00	EDUCATOR BOSTON PUBLIC SCHOOLS
10/3/05	MARC MCGOVERN 15 REMINGTON ST CAMB, MA. 02138	1300	00	CANDIDATE LOAN
8/25/05	PRISCILLA MCMILLAN 12 HILLIARD ST. CAMB, MA. 02138	300	00	RETIRED
9/7/05	SHIPPEN PAGE 174 LAKE VIEW AVE CAMB, MA. 02138	150	00	
6/24/05	THEODORE PAPPADOPOULOS 65 HENRY ST. CAMB, MA. 02139	100	00	
8/2/05	SAZAH PARKER 48 WALNUT ST. ARLINGTON, MA. 02476	200	00	TREASURER MA. PACE
9/22/05	JOYCE PAVALO 5 ST. MARY RD CAMB, MA. 02139	200	00	
10/2/05	LESLEY PHILLIPS 1643 CAMBRIDGE ST CAMB, MA. 02138	100	00	
10/2/05	LINDA PINTI 1643 CAMBRIDGE ST. CAMB, MA. 02138	100	00	
10/2/05	JOHN PITKIN 18 FAYETTE ST. CAMB, MA. 02139	60	00	
9/27/05	JEAN PRESHO 382 HARVARD ST. CAMB, MA. 02138	500	00	RETIRED
Line 9: Total receipts in excess of \$50 (or listed above)				Enter on page 1, line 2
Line 10: Total receipts \$50 and under* (not listed above)				
Line 11: TOTAL RECEIPTS IN THE PERIOD				

* If you have itemized receipts of \$50 and under include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

This page may be copied if additional pages are required to report all receipts. Please include your committee name and a page number on each page.

Date Received	Name and Residential Address (alphabetical listing required)	Amount		Occupation & Employer (for contributions of \$200 or more)
9/28/05	JAMES PRINCE 64 DANNYBROOK RD. BOSTON, MA. 02135	125	00	
10/2/05	ROBERT RICHARDS 76 ANTRIM ST. CAMB, MA. 02139	200	00	
10/2/05	JANICE SETTE 386 HARVARD ST. CAMB, MA. 02138	200	00	EDUCATOR CAMBRIDGE PUBLIC SCHOOLS
9/26/05	LOUIS SETTE 15 PLEASANT ST APT 3 CAMB, MA. 02139	200	00	RETIRED
9/8/05	ROSE SETTE P.O. BOX 87 BRANT ROCK, MA. 02020	100	00	
5/19/05	BRUCE SILVERMAN 97 LARCH RD. CAMB, MA. 02138	450	00	RE. DEVELOPMENT
10/6/05	RITA SILVERMAN 97 LARCH RD. CAMB, MA. 02138	240	00	SELF EMPLOYED SOCIAL WORKER
7/5/05	EDITH SORRENTINO 17 PLEASANT ST. CAMB, MA. 02139	500	00	RETIRED
7/26/05	KATHLEEN VRIJHOEF 63 ELLERY ST. CAMB, MA. 02138	100	00	
10/1/05	KATHLEEN WELER 390 HARVARD ST. CAMB, MA. 02138	100	00	
9/12/05	HAILETT WILSON 78 ELLERY ST. CAMB, MA. 02138	100	00	
Line 9: Total receipts in excess of \$50 (or listed above)				
Line 10: Total receipts \$50 and under* (not listed above)				
Line 11: TOTAL RECEIPTS IN THE PERIOD				Enter on page 1, line 2

* If you have itemized receipts of \$50 and under include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
10/3/05	Mark McGovern	15 REMINGTON ST CAMB., MA 02139	LOAN	1300
		REPAID \$1000	SEE SCHEDULE B	
Enter on page 1, line 7		Line 18: OUTSTANDING LIABILITIES (ALL)		5835 ⁰⁰

Discontinued

This page may be copied if additional pages are required to report all activity. Please include your committee name and a page number on each page.

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

This page may be copied if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount	
8/24/05	CAMBRIDGE LITTLE BASEBALL LEAGUE		SPONSORSHIP	500	00
9/21/05	CHARLES RIVER BOAT CO.	100 CAMBRIDGE SIDE R. # 320 CAMB, MA 02141	FUNDRAISER DEPOSIT	475	00
10/1/05	"	"	FUNDRAISER BALANCE	1645	00
9/21/05	GRENIER PRINT SHOP	3109 WASHINGTON ST. JAMAICA PLAIN, MA 02130	YARD SIGNS	514	50
7/8/05	STEVEN McHULIFFE		SPONSORSHIP OF SOFTBALL TEAM	400	00
8/1/05	MARC McGovern	15 REMINGTON ST CAMB, MA 02138	LOAN REPAY CANDIDATE	500	00
9/7/05	"	"	"	200	00
10/5/05	"	"	"	300	00
7/26/05	RUN AND WIN. COM	P.O. Box 177 STUDLEY, VA. 23162	BUMPER STICKERS	210	50
10/5/05	SAGE SYSTEMS	P.O. Box 2201 PEABODY, MA 01960	DATABASE 12 MONTHS	1500	00
Line 12: Expenditures over \$50				6244	00
Line 13: Expenditures \$50 and under*				134	00
Line 14: TOTAL EXPENDITURES				6378	00

Enter on page 1, line 4

*If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
Enter on page 1, line 6			Line 15: In-kind over \$50	
			Line 16: In-kind \$50 and under	
			Line 17: Total In-kind	6

* If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
4/8/03	MARC McGovern	15 BELMINGTON ST CAMB, MA. 02138	LOAN	2035 ⁰⁰
5/1/03	"	"	"	1100 ⁰⁰
5/6/03	"	"	"	1500 ⁰⁰
2/14/04	"	"	"	900 ⁰⁰
		SEE ATTACHED		
Enter on page 1, line 7		Line 18: OUTSTANDING LIABILITIES (ALL)		5835 ⁰⁰